

**MICHIGAN MUNICIPAL RISK MANAGEMENT AUTHORITY
FIRE/EMS COMMITTEE**

**REQUIRED REPORTING OF INJURIES, ILLNESS, AND CONDITIONS
WHICH MAY AFFECT A SAFE WORKING ENVIRONMENT**

Authorized By:

I. SCOPE

This policy shall apply to all personnel, full-time, part-time, and volunteer.

II. PURPOSE

To assure that all personnel are physically and mentally capable of performing their job duties without abnormal risk to themselves, fellow employees, or the employer, thereby providing a safe working environment.

III. POLICY

It is the policy of this department to limit the risks to its employees and itself, and provide a safe and healthy working environment. In doing so, it shall be the responsibility of each employee to notify the employer of any illness, injury, or condition which may prevent the employee from performing his/her duties safely and without additional risk to the employee, fellow employees, or the employer.

IV. PROCEDURE

1. An employee shall notify his/her supervisor or employer, in writing, immediately of the following:
 - A. Included but not limited to an illness, injury, pregnancy, or condition which may effect his/her ability to perform job duties, i.e., heart disease, high blood pressure, seizures.
 - B. An illness, injury, or condition which may cause further harm to the employee if he/she continues to work.
 - C. An illness, injury or condition which may result in, or pose harm to fellow employees.
 - D. Any prescription medication which may alter his/her ability to perform job duties.

2. This notification shall be made as follows:

- A. If illness, injury, or condition occurs or is learned about while the employee is on the job, the notification shall be made immediately to the employee's supervisor.
 - B. If the illness, injury, or condition occurs or is learned about while the employee is off-duty, the employee shall notify his/her employer, as soon as possible, and prior to his next scheduled shift.
3. Action taken for the employee's return to work will be in accordance with terms and conditions of the collective bargaining agreement, providing:
- A. No employee is to return to work knowing such illness, injury, or condition still exists.
 - B. The employee may be required to obtain a physician's release on the employer's designated work release form or present other verification acceptable to the employer.
 - C. Those employed in high risk areas such as Fire, Police, and EMS will not be allowed to continue to work after the employer has been notified of such illness, injury, or condition until a physician's release is obtained on the employer's job related work release form or other verification acceptable to the employer is provided.

MODEL -- PHYSICIAN'S APPROVAL FOR RETURN TO HIGH-RISK DUTY

EMPLOYEE:

It is the intent of the Department that you be afforded the highest degree of protection during your recovery from the following illness or injury:

Inherent in the provision of public safety service are certain risks and hazards, and the Department is unwilling to expose you to those risks and hazards without the specific approval of the physician. Therefore, pursuant to Policy # _____, you are required to have this form signed by the approved physician and return same to the Department prior to being returned to high-risk duty.

PHYSICIAN:

_____, an employee of (printed name of the EMS or Fire Department), has been treated for the above mentioned illness or injury. Pursuant to Department policy, the above named employer is relieved of high-risk duty and required physician approval to return to such duty.

After you have examined this employee and/or the employee's medical file, please complete the following:

PHYSICIAN'S RELEASE:

I have examined and/or treated the above named employee for the following illness, injury, or condition:

I acknowledge that I have received either a job description or a general list of hazards/risks faced by employees of your Department, and feel that he/she (circle one of the following):

MAY

MAY NOT

return to high-risk duty as defined by said job description or list(s) of hazards and risks.

Employee must see me again on _____ (enter date if applicable).

Signed: _____ Date: _____

Physician's Printed Name: _____